

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Wanda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000005166**

1. Corporation Name

LAS BRISAS AT DORAL CONDOMINIUM NO. 1 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7200 NW 7TH ST. STE 300
MIAMI FL 33126

7200 NW 7TH ST. STE 300
MIAMI FL 33126

6925 N.W. 42nd St.
Miami, FL 33166

6925 N.W. 42nd St.
Miami, FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03-04



400027379854
01/22/04-01012-002 **236.25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI-Number

Applied For

City & State

City & State

65-3542252

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	RABIN, MICHAEL VOID	7200 NW 7TH ST, STE 300	MIAMI FL 33126
DVT	STIEGELE, ROBERT VOID	7200 NW 7TH ST, STE 300	MIAMI FL 33126
DS	SANCHEZ, FRED VOID	7200 NW 7TH ST, STE 300	MIAMI FL 33126
DP	Jaramillo, Beatriz	5707 NW 114th #107	MIAMI FL 33172
DVT	Uribe, Clara	5707 NW 114th #103	MIAMI FL 33172
DS	Litman, Sarah	5707 NW 114th #100	MIAMI FL 33172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEIN, STEVEN ESQ
900 SW 40 AVENUE
PLANTATION FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Steven Fein

REGISTERED AGENT MUST SIGN

Date

12/17/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Beatriz Jaramillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/04

Daytime Phone #